

PATIENT ADVOCACY CORNER - WHAT IS THE ARS DOING FOR MEMBERSHIP LATELY?

Michael Setzen, MD, FACS, *Chair, Patient Advocacy Committee; Member-At-Large ARS Board of Directors*



Members of the American Rhinologic Society (ARS) frequently question the need and value of Membership within the ARS. Periodically the ARS Board needs to let its Membership know “what it is doing for the Membership lately”.

In this brief report, we will highlight what the ARS is doing for you, our Members, with respect to Patient Advocacy related matters including coding, reimbursement, denials and most recently Pay for Performance.

Most significantly, the Patient Advocacy Committee (PAC) fields calls on a daily basis from Members throughout the country with respect to the above Rhinology related matters. This is done by voluntary Members of the Committee who liaise with the practice management department of the AOO—HNS, in particular Linda Taliaferro.

Recent goals and achievements include the following: The PAC because of the constant barrage of complaints that it was receiving with respect to image guidance appealed to the Board of the ARS and then in turn through the Paranasal and Sinus Committee of the Academy of Otolaryngology appealed to the Board of the Directors of the Academy to see to it that the Position Statement be changed to reflect the numerous issues that insurance carriers were finding in order not to reimburse for image guidance. In particular the position statement on image guidance now states that this is no longer investigational or experimental and that there is sufficient evidence based medicine to support its need, that it should be used primarily in complex cases and at the discretion of the operating surgeon. As a result we have been able to help Members throughout the country be appropriately reimbursed for this necessary technology. Committee members playing an important role in this issue include Martin Citardi MD and Pete Batra MD.

Furthermore, one of our ARS Members, Jacqueline Corey MD, Chicago, Illinois called upon this Committee to assist in a problem she was having with respect to image guidance reimbursement in four states, namely, Illinois, Michigan, Wisconsin and Minnesota, and once again we were able to help Members in these four states by clarifying with the appropriate individuals that image guidance indeed is not experimental or investigational and furthermore that there is sufficient evidence to support its needs.

Based on this effort by the ARS, the problem appears to have been resolved in these four states, but one will need to wait further response to indeed hear whether this was as successful as we do anticipate it was.

With respect to information on the ARS Website, David Conley, M.D. of the Department of Otolaryngology, Northwestern University, Chicago, Illinois recently made this statement:

“I just wanted to thank you and the ARS for the Patient Advocacy information available on the ARS website. My practice has found this information very helpful in several situations where insurance carriers have required more in-depth information regarding

services we provide to patients. The ability to access the ARS positions has been a real time saver and has helped us continue to offer our patients state-of-the-art care”.

The PAC Panel Discussions that are held twice a year at both the spring and annual meetings have proved to be extremely beneficial to the Membership so much so that they constantly request that it be continued and suggestions are constantly being solicited for future panels.

The PAC represented by Peter Doble MD, in conjunction with Members of the Board of Directors of the ARS is currently looking into indications for computer tomography of the sinuses in the office. A confidential document is being drawn up and will be released once complete.

Numerous issues have arisen with respect to the unlisted CPT code, but more specifically with respect to procedures for which there is no code. The ARS has been very helpful in helping the Membership in wading through these waters with respect to unlisted codes and how to bill for them.

Another issue of significance is that of postoperative debridement. The PAC has discussed and debated this issue repeatedly and maintains the position that at least four postoperative debridements in a 6-week period following endoscopic sinus surgery are reasonable and six debridements in the complex case are fair. Members of the ARS and rhinologists in general should abide by these recommendations, so there is no abuse of this important and necessary procedure.

The Committee the importance of documentation in both the medical chart and operative note to enhance better reimbursement and to assist in the untoward event of an audit or malpractice suit.

This Committee will now play in major role in determining Pay for Performance Measures. This will be a significant task and we appreciate the efforts of Rod Schlosser, MD and Andy Lane MD who will help draft these Performance Measures for the ARS as they Co Chair this Sub Committee.

On an international level, the Danish Society of Rhinology reached out to us for assistance, as well. They had a problem with respect to billing and coding issues, and we were able to offer those help and advice.

It is also important that we recognize the assistance rendered to us by our attorney, Beth Roberts, She has been instrumental in assisting us with certain regulatory issues that the government continually thrusts upon us. In particular, she has been extremely helpful in matters related to surgery performed in free-standing ambulatory facilities. We will continue to work closely with Beth on this issue and in particular CMS related issues.

One could not achieve these goals without the help of the Members of the PAC and one wishes to express thanks at this time to each of them.

The PAC remains willing, able and available to help Members of the ARS in any matters related to the Practice of Rhinology.